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PETITION FOR EXTENSION OF	ber (Optional) 40270-2681					
OIPEUC	In re Application of John T. CARROLL, III et al. Application Number Filed					
JAN 2 2 2004 8	10/001,784	10/001,784 December 5, 2				
	For OUTWARDLY OPENING, SEAT SEALED, FORCE BALANCED, HYDRAULIC VALVE AND ACTUATOR ASSEMBLY Art Unit Frammer					
HAUS	Art Unit Examiner 3754 Joseph A. Ka			oh A. Kaufman		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.						
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):						
☐ One month (37 CFR 1.17(a)(1))						
▼ Two month (37 CFR 1.17)	(a)(2))	JAN 2	8 2004	\$ <u>420.00</u>		
Three month (37 CFR 1.17(a)(3)) Three month (37 CFR 1.17(a)(4)) TECHNOLOGY CENTER R3700 \$						
Four month (37 CFR 1.17	(a)(4))	JECHNOLOG1 O	LIVILLIA	\$		
☐ Five month (37 CFR 1.17)	(a)(5))			\$		
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is \$						
☐ A check in the amount of the fee is enclosed.						
Payment by credit card. Form PTO-2038 is attached.						
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.						
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380 (740270-2681)						
I have enclosed a duplicate copy of this sheet.						
I am the ☐ applicant/inventor						
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).						
attorney or agent of record.						
attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
				>		
January 20, 2004 Date			Signati	ıre		
(202) 585-8000 Tim L. Brackett, Jr. Telephone Number Typed or printed name						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
Total of forms are submitted.						
CERTIFICATE OF TRANSMISSION/MAILING						
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.						
Typed or printed name Sharon L. T	abor					
Signature Share	nd.	Tabar	Date	en. 20, 2004		
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